

OCCUPATIONAL SAFETY AND HEALTH INSPECTION REPORT

Federal Aviation Administration

				RIS: PT 3900-1
Workplace Inspected	(Facility):		Date of Inspection	
To: (Facility Manager or Safety and Health Manager)		From (Inspector-Name Title)		
Management Representative (Name/Title)		Employee Representive (Name Title)		
adopted safe should be de below will be	thealthful working conditions which are ty and health standards (including stands scribed below. Abatement dates should be corrected within 30 working days from the Notice of Unsafe or Unhealthful Conditions.)	ards issued by the Oc be noted for each defi the date of the inspect	cupational Safety and H ciency listed.Where all tion, the inspection repo	lealth Administration) deficiencies identified
Item No.	Description of Unsafe or (Reference any applicable sa			Abatement Date (or recommended abatement period)
		averse if peassant		